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Watch the Wasabe – Revisited Severe Palmar Hyperhidrosis Treated with Sympathotomy instead of sympathectomy

Americans spend more than half a billion dollars annually for sweat reducing products,¹ usually to treat auxiliary hyperhidrosis. Not generally known is the fact that many of the over-the-counter products also help cases of mild to moderate palmar hyperhidrosis.

Mildly sweaty palms can be treated with OTC topical products, electric iontophoresis units, oral medication and more recently Botox injections (Botulinum A toxin) reviewed in the HMJ Editorial.²

Despite some adverse effects of Botox, including temporary burning and pain from 40 or 50 injections, this treatment affords relief to disabled, stoic patients.

Transthoracic Endoscopic Sympathectomy has become a popular procedure for the patient with severe, incapacitating palmar hyperhidrosis.

Formerly we referred these severe cases of palmar hyperhidrosis to the mainland for this procedure. We now have physicians in Hawaii who perform bilateral transthoracic endoscopic sympathectomies. This procedure, first reported in 1951,⁴ has now become the standard operation for severe cases of palmar hyperhidrosis.

Recently Atkinson & Fealey, neurosurgeons at the Mayo Clinic in Rochester, Minnesota started using sympathotomy for these cases of severe hyperhidrosis.⁵ The authors point out that complications of surgical sympathectomy include compensatory hyperhidrosis in other body parts (10-40%). Lau and associates report of sympathotomy for compensatory hyperhidrosis of the trunk in all cases, and two in the feet, but that it "appeared to be of little concern to their patients."³

The sympathotomy procedure in Atkinson & Fealey's 10 cases produced compensatory hyperhidrosis in 8, "all rated as mild." The authors conclude that "Sympathotomy alone by disconnection of the T2 Ganglion input into the brachial plexus produces excellent results... and appears to lower the severity of postoperative compensatory hyperhidrosis." We now have another, better surgical treatment for this disorder that disturbs the quality of life for many patients.

If the reader missed the May 2001 HMJ Editorial:

Why "Watch the Wasabe"? Most people in Hawaii, and indeed around the world, now know to watch the Wasabe and not to eat it all at once. In a letter to the

editor "Horseradish Horrors: Sushi Syncope" in the Journal of the American Medical Association, a 63-year-old man ate the whole (glob) of wasabe at his first Japanese meal and had vasomotor near-collapse. Among his many symptoms was severe diaphoresis, not merely palmar hyperhidrosis.

References

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